

WASHINGTON PUBLIC RETIREES COMBINED FUND DRIVE CONTRIBUTION FORM

P.O. Box 47530
Olympia, WA 98504-7530

CFD Website: <http://hr.dop.wa.gov/cfd>
Toll Free 1-888-353-9396

SECTION 1 (Please type or print — Incomplete or illegible forms are difficult to process.)					
NAME (Last, First, Initial)			SOCIAL SECURITY NUMBER		PHONE
MAILING ADDRESS			RETIREMENT SYSTEM		
CITY	STATE	ZIP CODE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> ___ PERS 1 ___ TRS 1 ___ LEOFF 1 ___ JRS ___ PERS 2 ___ TRS 2 ___ LEOFF 2 ___ JRF ___ TRS 3 ___ WSPRS ___ SERS 3 </div> </div>		
COUNTY OF RESIDENCE CODE NUMBER (See Back of Form)		NAME OF AGENCY RETIRED FROM		<input type="checkbox"/> SEND ME INFORMATION ON BEING A CFD VOLUNTEER	

SECTION 2 (Contributions will be accepted only for charities listed in the CFD Guide.)				
IMPORTANT: Contributions are confidential . The CFD will not inform a charity of your individual contribution unless you mark the Charity Acknowledgment Request column (A). You will not receive an acknowledgment from the charities you contribute to unless the Charity Acknowledgment Request column is marked. (Information on back.) Please fill in Section 3 if paying by check.				
			Automated Deductions	No Cash Donations
A Charity Acknowledgment	B. Charity Name	C. Combined Fund Drive Charity Code Number	D. Monthly Deduction \$1.00 Minimum	E. One-Time Deduction \$1.00 Minimum
	NAME	CODE NUMBER	AMOUNT	AMOUNT
	1.		\$	\$
	2.			
	3.			
	4.			
	5.			
	6. Non-Specified Contribution	000 000		
For more than 5 charities, please attach additional forms.		TOTALS	\$	\$

SECTION 3 (Additional information and instructions are provided on the back of the Contribution Form.)	
If Paying By Personal Check: (One of the following must be checked) <input type="checkbox"/> Payable directly to Specific Charity(ies). <input type="checkbox"/> Payable to Combined Fund Drive for Specific Charity(ies). <input type="checkbox"/> Payable to Combined Fund Drive - Non-Specified.	

SECTION 4 (Signature and Distribution)	
<p>Monthly deductions will continue automatically unless changed by completing a new contribution form in its entirety or cancelled by submitting written notice to the Combined Fund Drive office (information on back).</p> <p>I hereby authorize the State of Washington to deduct the amount indicated provided that the amount so deducted will be remitted on a regular basis in support of the charity(ies) of the Washington Combined Fund Drive as specified in Section 2.</p>	
<div style="background-color: black; color: white; text-align: left; padding: 2px;">PLEASE SIGN & DATE</div>	
Signature _____ Date _____	

COUNTY CODE NUMBERS

Adams	01	Franklin	11	Lewis	21	Snohomish	31
Asotin	02	Garfield	12	Lincoln	22	Spokane	32
Benton	03	Grant	13	Mason	23	Stevens	33
Chelan	04	Grays Harbor	14	Okanogan	24	Thurston	34
Clallam	05	Island	15	Pacific	25	Wahkiakum	35
Clark	06	Jefferson	16	Pend Oreille	26	Walla Walla	36
Columbia	07	King	17	Pierce	27	Whatcom	37
Cowlitz	08	Kitsap	18	San Juan	28	Whitman	38
Douglas	09	Kittitas	19	Skagit	29	Yakima	39
Ferry	10	Klickitat	20	Skamania	30	Other	40

Section 1

1. **Name:** Last name, first name and middle initial.
2. **Social Security Number:** All contributor forms are filed by SSN.
3. **Phone Number:** Your local telephone number at which you can be reached during the day.
4. **Address:** Your mailing address, city, state, and zip code.
5. **Retirement System:** Mark the system you are in, even if you are contributing by personal check.
6. **County Code Numbers:** Use the above table. If you live outside Washington state, use "40".
7. **Agency:** Public agency from which you retired.
8. **CFD Volunteers:** Please check (✓) box if you could assist with local CFD activities.

Section 2

1. **Canceling a current monthly deduction:** Provide name and Social Security number in Section 1 and write cancel across Section 2. Sign and return to CFD. Change will become effective in the month following receipt of the form.
2. **Charity Acknowledgment Request (A):** Names of those who contribute by automated deduction or personal checks payable to the CFD are **not** provided to the charities unless you mark the Charity Acknowledgment column next to the charity name. Requests are then sent to the charities for response.
3. **Charity Name (B):** As it appears in the CFD listing. Charities submit applications which are reviewed. Charities in the CFD meet eligibility rules established in WAC 251-30.
4. **Charity Code (C):** Six-digit code that appears after the name in the CFD listing.
5. **Monthly Deduction (D):** Put the monthly amount to go to each charity listed in (B).
6. **One-Time Deduction (E):** Amount for each charity listed in (B) using a one-time deduction.
7. **Check Contribution (F):** Amount for each of the charities listed in (B) either by separate check(s) payable directly to each charity in (B) or by one check payable to the CFD.
8. **Totals:** Provide totals for each type of contribution.

Section 3

If Writing A Personal Check:

Check (✓) **Payable directly to Specific Charities** if your check(s) is made payable to the charity(ies) receiving your contribution (this would require a check for each separate charity). Check (✓) **Payable to the CFD for Specific Charities** if your check is made payable to the CFD and you are specifying one or more charities (one check divided among the charities as listed in Section 2). Check (✓) **Payable to CFD Non-Specified** if you would like your contribution disbursed proportionally among charities serving your county.

Section 4

1. **Signature:** Sign and date your form to authorize automated deduction.
2. **Routing:** Return completed white form to CFD office; keep yellow form for your records.